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Complete if Known Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/035,224-Conf. #3453 Application Number **FEE TRANSMITTAL** January 4, 2002 Filing Date Rvuii Uesuai

For FY 2005					Examiner Name			P. D. Niland		
П.			_	P. D. Niland						
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,240.00					, at office		\dashv	1714		
TOTAL AMOL	Attorney Docket No. SHG-201			HG-201						
METHOD OF	F PAYMENT (d	heck all th	nat apply)							
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCU	LATION									
1. BASIC FILIN	IG, SEARCH, A	ND EXAM	INATION FE	ES						
			3 FEES Small Entity	SEA	ARCH FEE		MINA	ATION FEES		
Application T	<u>vpe</u> <u>F</u>	<u>=ee (\$)</u>	Fee (\$)	Fee (\$)	Small E Fee ((\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility		300	150	500	250	20	0	100		
Design		200	100	100	50) 13	0	65		
Plant		200	100	300	150) 16	0	80		
Reissue		300	150	500	250	60	0	300		
Provisional		200	100	0	C)	0	0		
2. EXCESS CL									F (0)	Small Entity
Fee Description	n 20 (including	Paissuss)							Fee (\$)	<u>Fee (\$)</u>
	ent claim over 3	•	g Reissnes)						50 200	25 100
Multiple depen		(, 1(0100000)						360	180
Total Claims	Extra Clai	ms Fe	ee (\$)	Fee F	Paid (\$)		Mul	tiple Depende		
	• =	×				•	Fee	(\$) <u>F</u>	ee Paid (<u>\$)</u>
						_				
Indep. Claims	Extra Clai	ms Fe	<u>ee (\$) </u>	Fee P	Paid (\$)	-				
3. APPLICATIO	N SIZE FEE					-				
listings und	ation and drawinder 37 CFR 1.52 raction thereof.	$2(e)$), the a_1	pplication siz	ze fee du	e is \$250 (\$	125 for sma				60
Total Sheet		Sheets	,,,,	. ,		o(s). or fraction th	erenf	Fee (\$)	Fee	Paid (\$)
	- 100 =					a whole numi			<u></u>	1 447
4. OTHER FEE							·		Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 1801 Request for continued examination (RCE) (see 37 790.00										
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SUBMITTED BY	\longrightarrow	$-\!\!\!\!/-$	\rightarrow	Regi	stration No.	00.000/11			(000) 65	5.0750
Signature	- July	\leftarrow		(Attor	rney/Agent)	22,663/40	,949	Telephone	(202) 95	35-3/50

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Signature	fat 1		Registration No. (Attorney/Agent)	22,663/40,949	Telephone	(202) 955-3750
Name (Print/Type)	David T. Nikaid	o/Lee Cheng			Date	March 4, 2005